

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>09/555801</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND. DEP. IND. DEP. IND. DEP.
	IND.	DE	IND.	DEP.	IND.	DEP.	
1	/		/			51	
2	/		/			52	
3	/		/			53	
4	/		/			54	
5	/		/			55	
6	/		/			56	
7	/		/			57	
8	/		/			58	
9	/		/			59	
10	/		/			60	
11	/		/			61	
12	/		/			62	
13	/		/			63	
14	/		/			64	
15	/		/			65	
16	/		/			66	
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18						68	
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45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.	/		/			TOTAL IND.	
TOTAL DEP.	/	17	/	16		TOTAL DEP.	
TOTAL CLAIMS	/	18	/	17		TOTAL CLAIMS	